

ADHS/DBHS Policy and Procedures Manual

Policy Form 402.1, Notification of Changes To The Network – Required Information

Please email this completed form as an attachment to Vanessa.Holt@azdhs.gov, Office Chef of Network Management. If applicable, please attach a draft copy of your member notification letter (which must include T/RBHA's letterhead), fliers, etc., to your email for review and approval by ADHS/DBHS. All T/RBHA initiated material changes must submit a request for approval to ADHS/DBHS Office of Network Management for approval. This must take place at least sixty (60) days prior to the expected implementation of the change. The T/RBHA will notify ADHS/DBHS in writing within one (1) day of knowledge of any **unexpected** T/RBHA initiated network material change. All T/RBHAs that are notified of Subcontracted Provider Material changes must notify ADHS/DBHS in writing within one (1) day of knowledge or in anticipation of any unexpected/expected network material change, network deficiency, changes to a subcontracted provider's license, certification or registration or any condition which terminates, suspends or limits a subcontracted provider from effectively participating in the network, including the necessity for transition of members to a different provider. This notification must have the same information as the T/RBHA initiated material change.

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|--|--|--|--|--------------------------------------|-------------|--------------|-----------------|
| Date of Notification to RBHA T/RBHA: | | | | Date of Notification to ADHS: | | | |
| Current Provider Billing Type: | | | | Description: | | | |
| T/RBHA Name: | | | | Agency Name: | | | |
| Services/Program CURRENTLY Offered: | | | | | | | |
| Site Location (Current Address): | | | | | | | |
| | | <i>Street Address</i> | | | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| Transition Contact: | | | | | | | |
| | | <i>Name</i> | | <i>Title</i> | | <i>Email</i> | <i>Phone</i> |
| Type of Change: | | <input type="checkbox"/> Site Move <input type="checkbox"/> Site Closure <input type="checkbox"/> New Site – (<i>Identify new address below</i>) <input type="checkbox"/> Change in Licensure <input type="checkbox"/> Other – Please Describe: | | | | | |
| Briefly Describe Change: | | | | | | | |
| Effective Date of Change: | | | | | | | |
| Reason for Change: | | | | | | | |
| Anticipated Impact of System of Care: | | | | | | | |
| Program Population Impacted: | | | | | | | |
| Number of TXIX/XXI & NTXIX/XXI Members Effected in Each Program Category: | | | | | | | |
| No. of Staff Impacted (Specify Roles): | | | | | | | |

If a site move, please include the following:

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|--|--|---|--|--|-------------|--------------|-----------------|
| Address of NEW Site Location: | | | | | | | |
| | | <i>Street Address</i> | | | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| Distance of Move: | | Bus Availability/ Other Transportation Availability: | | | | | |
| <i>REMEMBER: T/RBHAs must submit a "Member Notification Letter" to ADHS/DBHS Policy Dept. for approval. Letter must be sent out to members at least 30 days in advance of the move.</i> | | | | | | | |

Please include the following additional information, if applicable:

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|--|--|--|--|
| Planned Date of Notification to Members: | | | |
| Copy of All Correspondence and Notification Attached (Please List): | | | |
| Other: | | | |